MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		2				
7		2				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		3				
17		1				
18		1				
19		3				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	35					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS